



# OFFICE OF RETIREMENT SERVICES

Serving the Customers of the Judges, Public School Employees,

State Employees, and State Police Retirement Systems

PO Box 30171, Lansing, MI 48909-7671 www.michigan.gov/ors

Telephone: 517-322-5103 Outside Lansing: 800-381-5111

## Qualified Rollover Certification

Please see reverse side for information and instructions.

Your completion of this certification notifies the Office of Retirement Services (ORS) that you are processing a rollover.

You must also contact the financial institution where your funds are held to initiate the rollover. See the back of this form for further details.

Retirement System ( <i>select one</i> )	<input type="checkbox"/> Public School Employees	<input type="checkbox"/> State Employees	<input type="checkbox"/> State Police	<input type="checkbox"/> Judges
NAME		SOCIAL SECURITY NUMBER		
MAILING ADDRESS		BIRTHDATE		
CITY, STATE, ZIP CODE		DAYTIME PHONE NUMBER		

### CERTIFICATION OF QUALIFIED ROLLOVER

TYPE OF SERVICE CREDIT BEING PURCHASED (LIST EACH IF MORE THAN ONE)	TDP?	MEMBER BILLING STATEMENT(S) INVOICE NUMBER(S)	AMOUNT OF PURCHASE
1.	<input type="checkbox"/>	1.	1.
2.	<input type="checkbox"/>	2.	2.
3.	<input type="checkbox"/>	3.	3.
<input type="checkbox"/> Check this box if you are applying this rollover to an existing Tax Deferred Payment (TDP). <b>You can only apply a rollover to a TDP if you are retiring or terminating within 90 days.</b> You must also complete a Request for TDP Payoff/Pay Down form (R518M).			
NAME OF ROLLOVER INSTITUTION (PLAN ADMINISTRATOR)			TOTAL ROLLOVER AMOUNT OR APPROXIMATE VALUE
			\$
ROLLOVER INSTITUTION ADDRESS			CONTACT PERSON
CITY / STATE / ZIP CODE			PHONE NUMBER
I certify that I have verified with my plan administrator that the source of the rollover monies I am using to purchase service credit is ( <i>check any that apply</i> ):			
QUALIFIED PLAN		<input type="checkbox"/> 401(a)	<input type="checkbox"/> 401(k)
		<input type="checkbox"/> 457	<input type="checkbox"/> 403(b)
OR CONDUIT IRA ROLLOVER FROM:		<input type="checkbox"/> 401(a)	<input type="checkbox"/> 401(k)
		<input type="checkbox"/> 457	<input type="checkbox"/> 403(b)
ORS may rely fully on this certification and will not be responsible for any tax consequences relating to this rollover.			
MEMBER SIGNATURE			DATE

Please keep a copy of this certification, the Member Billing Statement, and the payment receipt for your tax records. Consult with the IRS or your tax advisor for specific tax implications..

# Qualified Rollover Certification

## Information and Conditions

Effective January 1, 2002, Defined Benefit plan members can roll over monies in pre-tax investment accounts to purchase service credit. Pre-taxed monies from the following qualified plans are accepted: Sections 401(a), 401(k), 403(b), 457, as well as a conduit IRA from any of these sources. A traditional IRA is **not** eligible for rollover distribution.

The following are required conditions for a rollover:

1. You must have a current Member Billing Statement with a valid due date. If the rollover *payment* is not received prior to the due date shown on the statement, the cost of the purchase must be recalculated and another Member Billing Statement issued. (Be sure to allow sufficient time for your rollover institution to process your request and remit the payment to ORS prior to the billing statement due date – ordinarily 4-6 weeks minimum).
2. The rollover payment **must be received prior to termination** of your employment.
3. The Office of Retirement Services (ORS) will accept a rollover distribution only to purchase service credit. **ORS will not accept an amount greater than the amount due on the Member Billing Statement(s).** (Note: Some rollover institutions require that accounts be liquidated in these situations. If this is the case, advise the company to send one check to ORS for the exact amount of the purchase. You can have the rollover institution send any excess to an investment company of your choice or directly to you; however, you will be responsible for any taxes and penalties.)
4. The rollover check should be made payable to State of Michigan – ORS, and should include your name and social security number on both the rollover check and remittance document.

## Directions:

1. Complete all sections of this form and provide your signature where indicated. If you are purchasing more than one type of service credit, list the type, invoice number, and amount of each.
2. Retain a copy of the Qualified Rollover Certification form and Member Billing Statement(s) for your records.
3. Contact your rollover institution for specific details on how to initiate the rollover process. It is your responsibility to contact the institution to initiate the rollover. This Qualified Rollover Certification form simply notifies ORS that you are processing a rollover. The rollover payments should be sent by the financial institution to:

Office of Retirement Services  
**P.O. Box 30673**  
Lansing MI 48909-8173

4. Return this completed Qualified Rollover Certification to:

Office of Retirement Services  
P.O. Box 30171  
Lansing MI 48909-7671

(Note: If you are a Defined Benefit plan member with the State Employees' Retirement System invested with **CitiStreet**, you can initiate the rollover of your CitiStreet funds by sending photocopies of this Qualified Rollover Certification form and the Member Billing Statement(s) to:

CitiStreet  
State of Michigan Deferred Compensation Plan  
P.O. Box 9497  
Boston, MA 02205-9497